REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Patent No.	7,071,603
	Issue Date	July 4, 2006
	First Named Inventor	Chul Ha Chang
	Group Art Unit	N/A
	Examiner Name	N/A
	Attorney Docket Number	23976-08191

To: Commissioner for Patents
        P.O. Box 1450
        Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Arrow Capital Corporation ATTN: Steve Trollope					
Address	6910 Santa Teresa Blvd., Second Floor					
Address						
City	San Jose	**State**	CA	**Zip**	95119	
Country						
Telephone	(408) 961-8910	**Fax**	(408) 961-8957			

☒   This request is made on behalf of myself and
    ☒   all the attorneys/agents of record,
    ☐   the attorneys/agents (with registration numbers) listed on the attached paper(s), or
    ☐   the attorneys/agents associated with Customer Number _____
on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Robert A. Hulse, Reg. No. 48,473
Signature	/Robert A. Hulse/
Date	April 5, 2007

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time
period for response or possible extension period, the request to withdraw is normally disapproved.